

AO 435 AZ Form (Rev. 1/2015)				Administrative Office of the United States Courts <b>TRANSCRIPT ORDER</b>				<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
1. NAME <b>Amanda C. Sheridan</b>				2. PHONE NUMBER <b>602-382-6304</b>		3. DATE <b>July 19, 2017</b>			
4. FIRM NAME <b>Snell &amp; Wilmer L.L.P.</b>									
5. MAILING ADDRESS <b>400 E. Van Buren St., Ste. 1900</b>				6. CITY <b>Phoenix</b>		7. STATE <b>AZ</b>		8. ZIP CODE <b>85004</b>	
9. CASE NUMBER <b>2:15-md-02641-PHXDGC</b>			10. JUDGE <b>David G. Campbell</b>			DATES OF PROCEEDINGS 11. <b>7/13/2017</b> 12.			
13. CASE NAME <b>In re Bard IVC Filters Products Liability Litigation</b>				LOCATION OF PROCEEDINGS 14. <b>Phoenix</b> 15. STATE <b>Arizona</b>					
16. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)									
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)									
PORTIONS		DATE(S)		PORTION(S)		DATE(S)			
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)					
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)									
<input type="checkbox"/> OPENING STATEMENT (Defendant)									
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		<b>7/13/2017 - entire hearing</b>			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)									
<input type="checkbox"/> OPINION OF COURT									
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)					
<input type="checkbox"/> SENTENCING									
<input type="checkbox"/> BAIL HEARING									
18. ORDER									
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)			ESTIMATED COSTS		
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY					
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)					
7 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> ASCII (e-mail)					
DAILY	<input type="checkbox"/>	<input type="checkbox"/>							
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>							
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>							
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS					
19. SIGNATURE <b>Amanda C. Sheridan</b>				<b>NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.</b>					
20. DATE <b>July 19, 2017</b>									
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL					
ORDER RECEIVED	DATE	BY		PROCESSED BY			PHONE NUMBER		
DEPOSIT PAID				DEPOSIT PAID					
TRANSCRIPT ORDERED				TOTAL CHARGES					
TRANSCRIPT RECEIVED				LESS DEPOSIT					
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED					
PARTY RECEIVED TRANSCRIPT				TOTAL DUE					

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